United Nations

A/67/188

General Assembly

Distr.: General
26 July 2012

Original: English

Sixty-seventh session
Item 27 (c) of the provisional agenda*
Social development: follow-up to the International Year of Older Persons: Second World Assembly on Ageing

Follow-up to the Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report is submitted in response to General Assembly resolution 66/127 on the implementation of the follow-up to the Second World Assembly on Ageing. The report provides an overview of the integration of older persons in social development and explores the key challenges faced by older persons in this regard and in the enjoyment of their human rights.

* A/67/150.

12-44282 (E) 160812

Please recycle

Contents

		Page
I.	Introduction	3
II.	Social integration of older persons through their economic and social contributions	4
	A. Work and employment	4
	B. Community and social participation	7
	C. Civic and political participation	7
III.	Access to goods and services by older persons	8
	A. Social integration and income	8
	B. Access to insurance and financial services	9
	C. Access to health care	10
IV.	Enabling supportive housing and living environments for older persons	12
	A. Housing and transportation	12
	B. Home support and long-term care	13
V.	Major challenges to social integration in later life	16
	A. Social isolation	16
	B. Ageism	16
VI.	Conclusions and recommendations	17

I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 66/127 entitled "Follow-up to the Second World Assembly on Ageing". In paragraph 35 of that resolution, the Assembly requested the Secretary-General to prepare a report on the implementation of the resolution, in particular on the integration of older persons, including older women, in social development and the promotion of the full and equal enjoyment of all human rights and fundamental freedoms by older persons.

2. Paragraph 66 of the Programme of Action adopted at the World Summit for Social Development held in Copenhagen in 1995 states that:

> The aim of social integration is to create "a society for all", in which every individual, each with rights and responsibilities, has an active role to play. Such an inclusive society must be based on respect for all human rights and fundamental freedoms, cultural and religious diversity, social justice and the special needs of vulnerable and disadvantaged groups, democratic participation and the rule of law.

3. The Madrid International Plan of Action on Ageing, 2002, adopted at the Second World Assembly on Ageing held in Madrid in 2002, emphasizes the need to foster a society for all ages in which older persons are provided with opportunities to be full participants in the development process. To that effect, the Plan of Action identifies issues that are critical to the active participation of older persons in society, including removing whatever excludes or discriminates against them. Concerns about ensuring the full integration and participation of older persons in society also figure prominently in all regional strategies for the implementation of the Madrid Plan of Action on Ageing.[1]

4. The social integration of older adults is shaped by social institutions and cultural norms and values at the macrolevel, and by an individual's social network, health, family and socioeconomic conditions at the microlevel. The present report provides an overview of the integration of older persons in social development and discusses the main challenges they face. The report is organized into six sections. Section II below focuses on the social integration of older persons through their economic and social contributions. Section III discusses the significance of older persons' consumption and access to goods and services to their social integration. Section IV describes how housing, transportation, and care and support are critical to the social participation of older persons. Section V addresses two major challenges to social integration in later life, namely, social isolation and ageism. The report's conclusions and recommendations are presented in section VI. All sections contain a brief discussion of the interdependence between older persons' social integration and the full enjoyment of their human rights.

[1] See http://social.un.org/index/Ageing/MadridPlanofActionanditsImplementation/RegionalImplementationStrategiesoftheMIPAA.aspx.

II. Social integration of older persons through their economic and social contributions

A. Work and employment

5. Work and employment are as important for the social integration of older persons as they are for that of all other age groups. In 2008, 74 per cent of men and 40 per cent of women aged 55 to 64 years worldwide were economically active, and 30 per cent of men and 12 per cent of women aged 65 years or over worldwide were economically active. Labour force participation of older men is higher in less developed regions than in more developed regions, whereas the reverse is true for older women. In less developed regions, 77 per cent of men and 38 per cent of women aged 55 to 64 years were officially employed, compared with 37 per cent of men and 14 per cent of women aged 65 years or over. In more developed regions, the corresponding rates were 65 per cent for men and 46 per cent for women aged 55 to 64 years, and 15 per cent and 8 per cent, respectively, for those aged 65 years and over.

6. The differences in levels of labour force participation between developed and developing regions reflect the typical inverse relationship between labour force participation at older ages and the proportion of the older population receiving a pension. However, the lower level of labour force participation at older ages in more developed regions is also indicative of the various barriers faced by older workers in labour markets. The incidence of long-term unemployment (1 year and over) is higher — often much higher — for jobseekers aged 55 years and over than for those in the peak working-age range of 25 to 54 years. In 2010, the average long-term unemployment rate in countries of the Organization for Economic Cooperation and Development (OECD) was 41 per cent for persons aged 55 years or over, compared with 35 per cent for persons aged 25 to 54 years.[2]

7. The relatively high incidence of long-term unemployment among older unemployed persons is a direct consequence of discrimination in hiring, promotion and access to job-related training. A review by OECD revealed that, in nearly all the member countries studied, most employers held stereotypical views about older workers and their perceived weaknesses and that employers' negative perceptions about the abilities and productivity of older workers affected decisions about hiring and retention.[3]

8. The review concluded that it was important to challenge the prejudicial views of employers so that older workers could gain greater access to employment opportunities. It also emphasized that negative perceptions of older workers undermined labour market reforms, including the adoption of such age-friendly employment practices as part-time employment.

[2] Accessed from OECD StatExtracts, Labour force statistics, on 10 June 2012.

[3] OECD, *Live Longer, Work Longer* (Paris, OECD Publishing, 2006).

9. Agriculture remains a mainstay of employment for the older population in many developing countries, especially in Africa and Asia, where the majority of older people live in rural areas. Studies in several Asian countries in the 1990s found that more than half of older workers were engaged in agriculture.[4] In Europe, older workers are overrepresented not just in agriculture, but also in the expanding fields of education, health and social work. There is a tendency in developed countries for highly skilled workers to retire later than their lower skilled counterparts.

10. Part-time work can provide a transition to retirement for older workers. However, depending on national regulations, working beyond the official pensionable age may mean forgoing some social security and pension benefits. A 2002 survey of 15 European countries revealed that 37 per cent of working women aged 50 to 64 years were employed part time, as were 63 per cent of those aged 65 years or over. Part-time employment rates were lower for men but increased with advancing age, ranging from 7 per cent for the 50 to 64 age group to 45 per cent for persons aged 65 years or over.[5]

11. In developing countries, employment opportunities for older persons often are only available in the informal sector, where jobs typically offer relatively low pay, insecure tenure and limited opportunities for advancement, and lack retirement benefits. A study in Thailand, for example, revealed that 90 per cent of workers aged 60 years or over were engaged in informal employment.[6]

12. A growing, albeit still limited, number of countries have adopted laws to combat and prevent discrimination against older workers. According to a 2008 study published by the International Labour Organization (ILO), approximately 50 countries worldwide had some form of legislation against age discrimination in employment. In addition, Ecuador, Eritrea, Mexico and South Africa now have constitutional provisions that address age or age equality in labour markets.[7] Members of the European Union have adopted legislation in conformity with a 2000 European Union directive on equal treatment in employment and occupations that prohibits all forms of employment-related discrimination, including based on age, without prejudice to national provisions laying down retirement ages.[8]

13. Some policies adopted within the European Union directly affect the employment and/or employability of older persons. Several European countries have

[4] Kevin Kinsella and Wan He, *An Aging World: 2008*, U.S. Census Bureau, International Population Reports, P95/09-1 (Washington, D.C., U.S. Government Printing Office, June 2009). Available from http://www.census.gov/prod/2009pubs/p95-09-1.pdf.

[5] European Foundation for the Improvement of Living and Working Conditions, "Part-time work in Europe", available from http://www.eurofound.europa.eu/ewco/reports/TN0403TR01/TN0403TR01.pdf.

[6] Rika Fujioka and Sopon Thangphet, "Decent work for older persons in Thailand", International Labour Organization (ILO) Asia-Pacific Working Paper Series (Bangkok, International Labour Organization, Regional Office for Asia and the Pacific, February 2009). Available from http://www.ilo.org/wcmsp5/groups/public/@asia/@ro-bangkok/documents/publication/wcms_103920.pdf.

[7] Naj Ghosheh, "Age discrimination and older workers: Theory and legislation in comparative context", Conditions of Work and Employment Series No. 20 (Geneva, International Labour Office, 2008). Available from http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_travail_pub_19.pdf.

[8] Council Directive 2000/78/EC.

decided to raise the mandatory retirement age and/or pensionable age and to restrict early retirement in order to improve the financial sustainability of their pension systems in the face of a rapidly ageing population. Some countries have introduced incentives such as bonuses for deferred retirement and gradual retirement. A number have also adopted subsidies or tax reductions to encourage employers to hire older workers. Another category of policies includes communication campaigns aimed at promoting a more positive view of older workers.

14. While the global economic crisis is still unfolding, particularly in the employment sector, preliminary estimates point to steady upward trends in the labour force participation of workers aged 55 and over in most of the developed world, with the exception of a few countries where the participation rate was initially very high but which experienced the reverse trend (see table below). No clear trends have emerged in the developing world.

Labour force participation rates by sex and age group in selected countries, 2000 and 2010 (percentage)

	Age 55-64		*Age 65+*	
Country	*2000*	*2010*	*2000*	*2010*
		Males		
Australia	51.3	70.8	34.1	29.4
Canada	60.9	71.1	25.0	22.4
Czech Republic	54.5	60.7	17.5	21.0
Estonia	63.3	69.6	9.4	16.4
France	33.9	43.2	8.7	15.2
Germany	49.3	51.6	11.6	14.4
Japan	84.1	83.9	3.9	10.0
New Zealand	79.2	80.3	10.1	7.3
United Kingdom of Great Britain and Northern Ireland	64.7	65.5	2.6	2.8
United States of America	69.6	75.3	1.6	2.5
		Females		
Australia	35.7	54.1	3.1	6.8
Canada	41.4	56.7	3.3	7.5
Czech Republic	23.6	38.1	2.4	3.2
Estonia	39.9	63.9	6.5	11.8
France	28.4	40.1	0.6	1.1
Germany	32.4	54.2	1.5	2.8
Japan	49.7	53.9	14.4	16.1
New Zealand	47.8	69.2	4.4	12.4
United Kingdom of Great Britain and Northern Ireland	42.6	50.5	3.4	6.4
United States of America	51.9	60.2	9.4	13.8

Source: Calculated from *Key Indicators of the Labour Market*, 7th Edition, ILO, accessed on 10 June 2012.

B. Community and social participation

15. The social inclusion of older persons and their contributions to society extend beyond formal economic activities and labour markets. The provision of support to family and neighbours, sometimes considered as informal voluntary work, is a common example of how older persons contribute to society. Volunteer work activities in general tend to strengthen community ties and improve the quality of life across generations. In addition to strengthening solidarity and civic engagement, volunteerism has considerable economic value although it remains unaccounted for.

16. At the individual level, volunteerism helps to keep older persons active and engaged; it engenders a sense of belonging and well-being and reduces their vulnerability to exclusion. It has been demonstrated that older persons involved in voluntary activities are less likely to be socially excluded and isolated.[9] Volunteerism among older persons also leads to a more positive mood and limits anxiety and feelings of helplessness and hopelessness.[10] The relationship between volunteerism and psychological well-being in old age is particularly important for older persons who are confronting the fact that they no longer identify themselves primarily by their role in the marital, parental, employment or other common domains. The recognition of volunteerism as an effective measure to enhance the social inclusion of older persons, community social cohesion and quality of life, led to the observance of the European Year of Volunteering in 2011.

17. Owing to cultural and historical differences, the tradition of volunteerism and the voluntary sector are not equally developed in all countries. It has been argued that participation in organized voluntary work may be related to economic development and democratic traditions.[11] Empirical evidence from Europe also suggests that, in countries with large shares of government social spending, voluntary work among seniors is quite common.

18. Whereas macrolevel factors and general social conditions influence the readiness of older persons to engage in voluntary activities, an individual's level of education is another important determining factor in volunteerism. For instance, in Germany, in 2010, only 5 per cent of seniors surveyed who had little formal education indicated that they did voluntary work. The volunteerism rate of people with an intermediate level of education was 9 per cent, while the rate rose to 17 per cent among persons with higher education.[9]

C. Civic and political participation

19. The engagement of citizens in civil society organizations gives them a voice and often leads to improved diagnosis and resolution of civic issues at both the local and societal levels. Having a voice in matters that directly affect one's personal life or a social group is critical to social integration.

---

[9] Gerhard Naegele, and Eckart Schnabel, "Measures for social inclusion of the elderly: The case of volunteering" (Working Paper) (Dublin, Eurofound, 2010).

[10] Emily Greenfield and Nadine Marks, "Formal volunteering as a protective factor for older adults' psychological well-being", *Journal of Gerontology: Social Sciences*, vol. 59, No. 5, 2004.

[11] Karsten Hank and Marcel Erlinghagen, "Dynamics of Volunteering in Older Europeans", *The Gerontologist*, vol. 50, No. 2 (2009).

20. In a small number of developed countries, organizations of older persons have built strong constituencies in the past several decades. Organizations such as the American Association of Retired Persons in the United States of America or Age UK, formerly Age Concern and Help the Aged, in the United Kingdom of Great Britain and Northern Ireland have been influential in shaping programmes and policies geared towards older persons. They also provide their members and older persons at large with targeted information and, in some cases, services relating to all aspects of personal, social and economic life in older age. However, in most parts of the world, it is only in the past decade or so that older persons have started forming self-help organizations or advocacy groups on a significant scale.

21. While economic, social and demographic changes may be contributing to the increase in civic and political participation among older persons to some extent, one of the primary factors is that older persons often feel excluded from mainstream politics and societal debates and that representative democracy and existing development frameworks have failed to address their concerns. In some countries, the high rate of voter turnout among older persons has helped to ensure that their concerns are addressed. However, in many others, older persons who regularly exercise their democratic right to vote feel that their voices have not yet been heard.[12]

22. Key advocacy priorities and initiatives of grass-roots organizations of older persons worldwide include strengthening income security through pensions and jobs and improving access to quality health care. In countries plagued by natural disasters such as droughts, floods or earthquakes, the main focus of these organizations is often to draw the attention of policymakers, humanitarian agencies and the general public to the needs of older persons in emergencies. Other priorities are to promote changes in attitudes towards older persons and to challenge age discrimination.

III. Access to goods and services by older persons

A. Social integration and income

23. Adequate income and assets are determining factors in the social integration of older persons. Without sufficient income, older people face multiple disadvantages and are denied some of the fundamental forms of participation in society. As people retire and advance in age, their level of income and assets tends to decrease. In the mid-2000s, incomes of people aged 65 and older across OECD countries amounted to 82 per cent of the income of the population as a whole.[13] However, there are large cross-country differences, from a low two thirds of the national average in Ireland and the Republic of Korea, to 97 per cent in Austria and Mexico.

24. As sources and levels of income tend to decrease with age, older persons may face economic insecurity and vulnerability to poverty during their old age and/or

[12] See the "activism map" of the "Age Demand Action" 2011 campaign showing its activities in 59 countries, available from http://maps.google.co.uk/maps/ms?msa=0&msid=213538933630675405674.0004aadf056386488a56e&hl=en&ie=UTF8&t=h&z=2&vpsrc=0, accessed on 20 June 2012.

[13] OECD, *Pensions at a Glance 2011* (Paris, OECD Publishing, 2011).

retirement years. These risks are generally more pronounced in developing countries, where formal social protection schemes often fall short of covering the majority of the population. In addition, ongoing social and economic changes and increased longevity are straining traditional economic support provided by families to their older members. As a result, a significant number of older persons are at greater risk of falling into poverty or remaining below the poverty line.

25. In OECD countries, the poverty incidence among people aged 65 and over ranges from 5 per cent in Canada, the Czech Republic, Hungary, Iceland, Luxembourg, the Netherlands, Poland and New Zealand, to 45 per cent in the Republic of Korea, with an average of 13.5 per cent. Poverty tends to be higher among older people than in the population as a whole, where the incidence is 10.6 per cent. In most countries, the risk of poverty continues to increase even more with age: the average poverty rate for persons aged 75 and over across OECD countries is 16.1 per cent.

26. To some extent, the higher incidence of poverty among older seniors is explained by the fact that their pensionable income was lower than that of younger groups of workers. In developing countries, older persons often do not have the higher living standards attained by the younger population. Another important factor is the significantly higher proportion of women among older seniors. Women in this age group are at much greater risk of poverty owing to unequal access to resources and income opportunities not only during their adult life, but even more during their later life, in particular if they are widows or divorcees. In 27 out of 30 OECD countries, older women are at greater risk of poverty than older men. Old-age income insecurity and poverty are also much more prevalent among ethnic minorities and persons with disabilities.

B. Access to insurance and financial services

27. There is growing anecdotal evidence that the social integration of older persons is constrained by age limits and penalties imposed by insurance service providers and financial institutions. Yet, in most countries, this issue has only recently received limited, if any, attention from public authorities and has not been researched or addressed in discussions on financial inclusion.

28. A rare attempt to fill part of the information gap on age discrimination in access to financial services was made by AGE Platform Europe in 2011. This European network of around 165 organizations mobilized its membership in 23 European Union member States to visit banks and insurance companies and recorded their reactions to requests for specific financial products. The field research was supplemented with Internet-based shopping and telephone calls to insurance companies and banks. The findings suggested that age discrimination was a widespread reality, particularly with regard to travel insurance, complementary health insurance, mortgages and loans.[14]

29. Limited coverage and higher, sometimes prohibitive, premiums are common in insurance policies offered to customers over a certain age and, in some countries,

[14] AGE Platform Europe, "Unblocking the Age-Discrimination Directive", background document on age discrimination in access to financial services presented at a hearing of the Committee on Civil Liberties, Justice and Home Affairs of the European Parliament, Brussels (2012).

insurance companies simply deny access to certain policies. Similarly, in most countries, banks restrict access to long-term loans and mortgages for persons over a certain age, usually 65 or 70. In addition to being exclusionary and even discriminatory, such restrictions on older persons hinder their access to basic services, housing, home equipment and transportation.

30. The survey undertaken by AGE Platform Europe singled out two examples of good non-discriminatory practice. The first example was Malta, where decisions to grant loans are based solely on an individual's capacity to repay, irrespective of the applicant's age. The second example was Sweden, where, following much media discussion in August 2008, all Swedish banks voluntarily removed age-discriminatory practices in the granting of credit cards, loans and mortgages.

31. In developing countries, older persons have also traditionally been excluded from access to small business loans and microfinance services owing to their age, despite studies showing that older persons have a higher than average rate of repayment. One exception to this general trend is a partnership between HelpAge Canada and operators of micro-business development programmes in Ahero, Kenya designed to lift older persons and their families out of poverty. The micro-business development programme supports basic business plans created by older persons. The business plans cover a variety of fields from agriculture to textile production or other local crafts. After a business plan is finalized, HelpAge Canada provides microcredit financing, and local partners provide oversight, support and advice to older entrepreneurs as they develop their micro-businesses. Micro-businesses started by older persons with the support of HelpAge Canada have provided income to several local communities and have produced enough profit to send local children orphaned by HIV/AIDS to school.[15]

C. Access to health care

32. As chronic health conditions and impairments become more prevalent with advancing age, access to health care is critical to the continued integration of older persons in society. Visual impairments that are typical in older age, such as cataracts, glaucoma and macular degeneration, are major barriers to older persons' participation in society when left untreated, as is often the case in the developing world. Similarly, untreated hearing loss hinders communication and can contribute to social withdrawal and isolation. This may also lead to a loss of independence and the need for formal support services. Hearing loss is also associated with anxiety, depression and cognitive decline.

33. Depression is known to be common among older persons, although in developing countries, precise data are scarce. Depression, loneliness and anxiety may arise as a result of major life changes such as the death of a spouse or a sudden decline in health. Depression often occurs together with other disorders such as dementia, heart disease, stroke, diabetes or cancer, further degrading the quality of life of afflicted older persons and their ability to participate in society. Depression is also considered to be a main factor in explaining the surge in suicide rates among persons aged 75 and over.

[15] See http://helpagecanada.ca/what-we-do/21-micro-business.html.

34. Against this scenario, it is notable that, worldwide, a large number of older persons have no access to satisfactory levels or quality of health care and are therefore limited in their economic, social, cultural and political participation.

35. The health-care systems of developing countries were established to focus primarily on combating communicable diseases, and they remain poorly adapted to — and have insufficient resources for — the care and prevention of chronic diseases. In addition, foreign assistance for health care has tended to target specific communicable diseases, often through vertically integrated programmes that do little to support the primary health-care services upon which both older and younger people rely for routine care.

36. Access to health care is further constrained by a shortage of qualified medical staff, especially in rural areas where older people, whose mobility is often limited, are also likely to have difficulty reaching services. According to the World Health Organization (WHO), in 2006, 57 countries, most of which are located in Africa and Asia, had a critical shortage of health workers to meet the essential health needs of their populations.[16]

37. In countries where a high proportion of the population lives on the equivalent of under $1 or $2 per day, health services are unaffordable for many families. In countries that have introduced user fees for services that had previously been publicly funded, use of those services has often dropped dramatically, particularly in the most vulnerable population groups.[17] For example, according to a nationally representative survey of around 70,000 households in China conducted in 1998 and 2003, difficulty in paying medical costs played a determining role in the underutilization of medical services by older persons.[18] However, since the initiation of the three-year health-care reform plan in 2009, progress is being made and the cost of co-payments, particularly for the treatment of chronic non-communicable diseases and disorders, continues to decline.[19] Even when exemptions from fees are guaranteed by government regulation, older persons may not be aware that they can request such an exemption. Another survey of older persons in Ghana found that most did not know that they were exempt from paying user fees in public hospitals, which resulted in greatly reduced access.[20]

38. In developed countries, preconceived notions and negative attitudes about older people on the part of medical staff sometimes lead to a de facto rationing of care that is based on age rather than an objective assessment of the patient's likelihood of benefiting from treatment. For example, a 2009 poll of 200 doctors belonging to the British Geriatrics Society revealed that more than half who cared for older persons believed that the National Health Service was "institutionally ageist"; 66 per cent believed that older persons were less likely to have their

[16] WHO, *The World Health Report 2006: working together for health* (Geneva, WHO Press, 2006).

[17] ILO, *World Social Security Report 2010/11: Providing coverage in times of crisis and beyond* (Geneva, International Labour Office, 2010).

[18] Ministry of Health, China, *Report of the 3rd national health service survey* (Beijing, Peoples Health Publishing House, 2004) (in Chinese), quoted in Tuohong Zhang and Yude Chen, "Meeting the needs of elderly people in China", *British Medical Journal*, vol. 333, No. 7564, 9 August 2006, available from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1550456/.

[19] W. C. Yip and others, "Early appraisal of China's huge and complex health-care reforms", *The Lancet*, vol. 379, No. 9818, 3 March 2012.

[20] Peter Lloyd-Sherlock, *Population ageing and international development: From generalisation to evidence* (Bristol, UK, Policy Press, 2010).

symptoms investigated; and 72 per cent were of the opinion that older people were less likely to receive referrals for surgery or chemotherapy.[21]

39. In particular, depression is a frequently overlooked condition among older persons because of a lack of knowledge among caregivers and health professionals and the widespread belief that it constitutes a normal part of ageing.

IV. Enabling supportive housing and living environments for older persons

A. Housing and transportation

40. Based on consultations conducted with older persons worldwide, their families and the professionals who work with them, there is broad agreement on the types of housing and community amenities that help older persons to live comfortably and remain active and engaged in wider society. These include, inter alia, dwellings that can accommodate those with limited mobility and strength, a clean and safe environment inside and outside the home, transportation that is both affordable and accessible, walkways in urban areas that are in good repair and free of obstacles, traffic signals that allow enough time for older persons to cross streets safely, places to rest outdoors, and public buildings that are accessible to those with limited mobility.[22]

41. Although members of the ageing population frequently live in older housing units that are not adapted to their needs and therefore encounter obstacles in moving about their communities, progress is being made on a number of levels. A growing number of national and local governments have adopted policies to make housing and urban environments more accessible for older persons. Increasingly, they are revising building codes to ensure the incorporation of age-friendly features in new construction. Some Governments and civil society organizations have made significant investments in this regard, often introducing modifications to existing housing and public facilities. Most such programmes are found in the more developed countries, but cities such as Bangkok, Beijing and New Delhi are also adopting similar measures, in some cases on a pilot basis.[23]

42. In developed countries, a number of Governments have made strides in allocating funds for eligible older persons to improve the accessibility and safety of their existing housing so they can continue to reside at home. This is particularly important for the large number of older persons who live in older housing units.

43. Adequate housing and support to remain in one's own home are critical to the well-being, independence and freedom of choice of older persons. Community

[21] See http://news.bbc.co.uk/2/hi/health/7850881.stm.

[22] WHO, *Global Age-Friendly Cities: A Guide* (Geneva, WHO Press, 2007), available from http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf; and United Nations Centre for Human Settlements (Habitat), *Improving the Quality of Life of the Elderly and Disabled People in Human Settlements, Volume I: A Resource Book of Policy and Programmes from around the World* (Nairobi, 1993), available from http://ww2.unhabitat.org/programmes/housingpolicy/documents/HS-284.pdf.

[23] *World Economic and Social Survey 2007: Development in an Ageing World* (United Nations publication, Sales No. E.07.II.C1).

design that emphasizes the integration of older persons in housing rather than in residential group homes or gated communities has begun to be more widely explored in both developed and developing countries.[24] This trend is driven in part by an inclusive approach to development and quality of life, and in part by cost considerations. There is significant evidence that the financial costs associated with community-based support that allows older persons to remain at home are much lower than the costs of maintaining institutional residential facilities.

44. Relatively small investments in the provision of assistive equipment to improve quality of life and mobility and assistance with daily activities such as bathing, cooking, cleaning and laundry, can help frail older persons to remain independent and can also lessen the burden of overstretched caregivers. However, the ongoing financial and economic crisis has led a number of national and local authorities to curtail spending on social programmes, which has limited the number of older persons eligible for social care and resulted in — in some cases, significantly — increased fees for services.[25]

45. Access to affordable, reliable, safe and physically accessible transportation is a cornerstone of older persons' participation and independence in society. In the absence of concessionary transport fares, the cost of such transportation can be prohibitive for older persons living in poverty. There is evidence of a strong association between a lack of transportation and poverty and social isolation among older persons.[26] Accordingly, many cities offer reduced fares for older persons using public transit and special transportation arrangements for those with limited mobility. The entry into force of the Convention on the Rights of Persons with Disabilities in May 2008 and the subsequent ratification of the Convention by a large number of Member States have played a significant role in placing the issue of accessibility high on the urban public transportation agenda in both the developed and developing world.

46. In many countries, however, rural public transportation ranges from non-existent to scarce and underfunded. The privatized public transportation that exists in some developing countries generally lacks the features that would make it accessible to older persons or persons with disabilities. Other problems include a lack of serviceable and accessible pavements and roads.

B. Home support and long-term care

47. Care and support services and the manner in which they are provided are vital to maintaining the health, quality of life and independence of older persons and their

[24] For example, HelpAge Korea, with support from the Republic of Korea-Association of Southeast Asian Nations (ASEAN) Special Cooperation Fund, developed a home-care programme that was expanded to other ASEAN member States such as Cambodia, Thailand and Viet Nam through partnering non-governmental organizations. Civil society and religious organizations, subsidized by the Government, also provide community-based services for older persons in South Africa's townships.

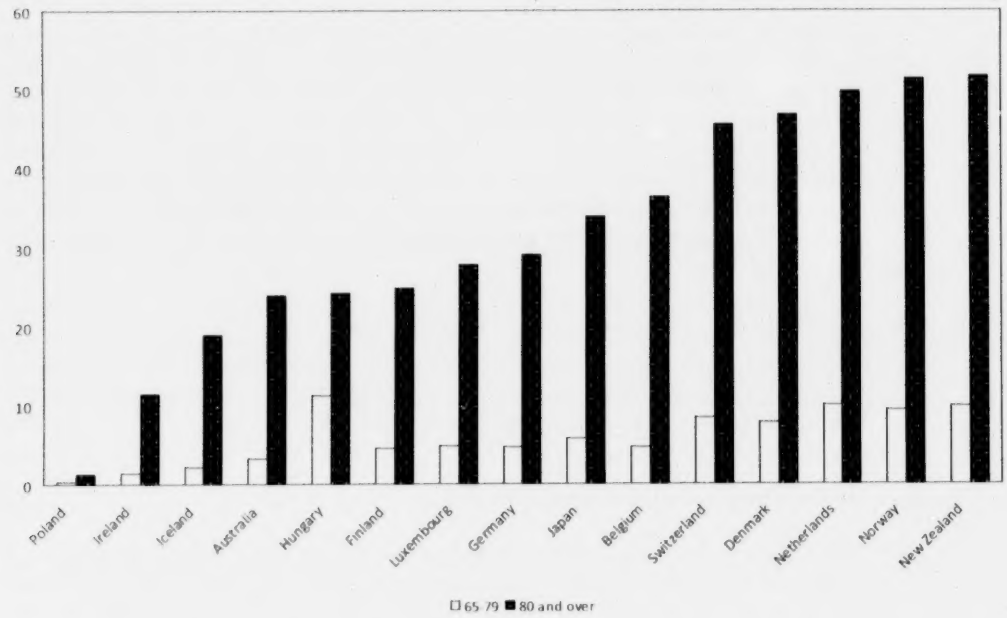
[25] *The Global Social Crisis: Report on the World Social Situation 2011* (United Nations publication, Sales No. E.10.IV.12).

[26] Ann Frye, "Mobility: Rights, Obligations and Equity in an Ageing Society", International Transport Forum discussion paper No. 2011/05 (OECD/ITF Joint Transport Research Centre, 2011) available from http://www.oecd-ilibrary.org/transport/mobility-rights-obligations-and-equity-in-an-ageing-society_5kg9mq4tbtvh-en.

participation in their communities and society. Since the need for long-term care significantly increases with age, persons aged 80 and over — a segment of the global population in which women significantly outnumber men — are the primary recipients of such care (see figure below). The oldest seniors are thus the largest beneficiary group of private residential or institutional long-term care and support services. Long-term care is most often provided informally in the home by family and friends, principally women. In some cases, caregivers are volunteers or, in developed countries, where available to those who can afford it, paid service providers.

48. Many developed countries are pursuing a variety of approaches to the provision of long-term care services for older persons in need. However, in most cases, older persons have to rely on public assistance because they lack sufficient means to afford such services. Some Member States require older persons to utilize savings and assets before they can access government-subsidized or -funded long-term care services.

Proportion of older persons receiving formal long-term care by age around 2006 (selected countries)



Source: OECD, *Society at a Glance 2009: OECD Social Indicators*.

49. Countries with relatively comprehensive long-term care systems include Austria, Germany, Japan, Luxembourg, the Netherlands and the Nordic countries. Germany's long-term care insurance scheme, which became effective in 1995, is a typical example.[27] Under this mandatory insurance system, monthly contributions amount to 1.95 per cent of an employee's gross income in 2012 (up from an original contribution of 1 per cent in 1995) shared equally by employers and employees. Insurance is provided for services expected to be needed for six months or more. Four different areas of daily activity are considered when assessing need: mobility, personal hygiene, meals and housekeeping. In order to receive aid, an individual must require assistance in two or more of these areas. Beneficiaries can select from among three types of services that have different payment systems: (a) cash payments to informal caregivers; (b) formal care services at home (payments made directly to providers); and (c) institutional care services (payments made directly to facilities).

50. In most countries, the adoption of measures to support the provision of long-term care has led to a mushrooming industry of private-sector providers of home-care and ambulatory services. While this has led to an increase in the number of formal caregivers, there remain shortages of qualified caregivers in almost all OECD member countries.[28] New technology is starting to provide remote services to persons in need of care, an emerging field that could grow considerably.

51. A few countries have either begun or are considering providing training and support, including financial compensation and respite care, to individuals who volunteer to become caregivers for their older relatives. Such training and support for family members allows for flexible arrangements, improves access to care and is cost-effective; it should therefore be expanded.

52. Stress related to caregiving in both private residential and institutional settings can lead to various forms of neglect and abuse of older care recipients. Social isolation has been documented as being both a risk factor for, and a consequence of, elder abuse.[29] Preventing and addressing elder abuse is therefore critical to ensuring the social integration of older persons.

53. In 2010, AGE Platform Europe, together with national partners from 10 countries, drafted a charter setting out fundamental principles and rights that should guide the provision of long-term support and assistance to older persons.[30] The charter was accompanied with a guide aimed at informing caregivers, policymakers and older people's organizations that growing older and becoming dependent on others for support does not diminish a person's inherent dignity and fundamental rights.

---

[27] Charlene A. Harrington, Max Geraedts and Geoffrey V. Heller, "Germany's long-term care insurance model: lessons for the United States", *Journal of Public Health Policy*, vol. 23, No. 1 (2002).

[28] OECD, *Society at a Glance 2009: OECD Social Indicators* (Paris, OECD Publishing, 2009).

[29] WHO, "Abuse of the elderly", fact sheet (2002). Available from http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/elderabusefacts.pdf (accessed 18 June 2012).

[30] AGE Platform Europe, "European Charter of the rights and responsibilities of older people in need of long-term care and assistance" (2010). Available from http://www.age-platform.eu/images/stories/Final_European_Charter.pdf (accessed 18 June 2012).

V. Major challenges to social integration in later life

A. Social isolation

54. In recent years, the proportion of older persons living alone has risen in many parts of the world. In particular, in a growing number of developing countries, the proportion of older persons residing with children has declined. To some extent, these trends reflect the fact that older persons increasingly prefer to live independently for as long as possible. However, living alone is often the consequence of widowhood, a stage of life increasingly occurring at a later age.

55. Against this backdrop, studies continue to identify loneliness and social isolation as being relatively common among older persons in both developed and developing countries, including among those who live with extended family.[31,32] While living alone does not automatically lead to a sense of loneliness or social isolation, it is a risk factor.[33] Research shows that the chief risk factor for social isolation is not age, per se, but rather a combination of personal, social and economic factors that are common to older persons, such as living alone, childlessness, poor health, neighbourhood distress, low income and lack of access to transport and telecommunications. However, the onset of the process that leads to social isolation is often triggered by an event such as the loss of a partner or close friend, developing physical or mental impairment, moving to a new location or experiencing neglect or abuse. [34]

56. Most interventions aimed at combating social isolation take the form of outreach programmes carried out by community-based social services or volunteer organizations. There is remarkably little evidence in the literature of the effectiveness of such interventions. However, there seems to be an emerging understanding of the need for a multi-pronged approach to combat social isolation, which addresses its socioeconomic determinants and fosters age-friendly social and physical environments at the neighbourhood and community levels.

B. Ageism

57. All too often, older persons face employers' negative perceptions of older workers; age limits, penalties and denials of service imposed by insurance service providers and financial institutions; preconceived notions and negative attitudes on the part of medical staff; and rationing of health care.

58. Emerging research also suggests that abuse, neglect and violence against older persons, both at home and in institutions, are much more prevalent than previously

---

[31] Jeni Warburton and Chi-Wai Lui, *Social isolation and loneliness in older people: A literature review*, Australasian Centre on Ageing, University of Queensland (Brisbane, 2007).

[32] Antoinette Lombard and Elma Kruger, "Older Persons: the Case of South Africa", *Ageing International*, vol. 34 (2009).

[33] Albert I. Hermalin, "Ageing in Asia: Facing the Crossroads", Comparative Study of the Elderly in Asia Research Reports, No. 00-55 (Ann Arbor, Population Studies Center, University of Michigan Press, August 2000).

[34] Jenny de Jong Gierveld and Betty Havens, "Cross-national comparisons of social isolation and loneliness: introduction and overview", *Canadian Journal on Aging*, vol. 23, No. 2 (2004).

acknowledged. Such cases often remain unreported or unaddressed or are met with indifference or even acceptance.

59. Preliminary findings from the ongoing second review and appraisal of the Madrid International Plan of Action on Ageing, 2002 suggest that ageism is a reality in some form in most societies. Ten years after the adoption of the Plan of Action, prejudicial attitudes and discriminatory practices on the part of individuals and institutions towards older persons continue to undermine their participation in society. Ageism rests on the assumption that neglect of and discrimination against older persons is the norm and acceptable.

60. Seizing the opportunity presented by the European Year for Active Ageing and Solidarity between Generations 2012, Equinet: European Network of Equality Bodies disclosed that allegations of discrimination by older persons accounted for a significant percentage of the case files of many equality bodies.[35] A review of the Network's caseloads in 21 States members of the European Union led to the conclusion that ageist attitudes were not only the source of discrimination experienced by older persons, but also served to justify that discrimination. Another emerging conclusion was that a number of existing institutional and policy practices tended to create a "culture of ageism" that reinforced ageist views and led to the further marginalization and exclusion of older persons.

61. The Network's review revealed that most complaints by older persons concerned issues central to their social integration, namely, recruitment and employment, and access to insurance and banking services. In addition, a significant number of cases involved multiple forms of discrimination based on, for example, age, gender, disability and racial or ethnic origin. The Network identified two main lines of action for the promotion of age equality and the prevention of discrimination on the basis of age: the proactive management of age diversity in the workplace and the provision of age-friendly services. At the European level, Council Directive 2000/78/EC, which provides a general framework for equal treatment and prohibits age discrimination in employment and occupation, can be used to promote the proactive management of age diversity in the workplace. However, no legal protection exists for equality and non-discrimination on the basis of age beyond employment and occupation.

VI. Conclusions and recommendations

62. The degree to which older persons are socially integrated directly affects their dignity and quality of life. While Member States generally recognize the importance of promoting the participation and health of older persons, there is nonetheless an evident lack of coordinated policy in support of the integration and participation of older persons in society. The social integration of older persons will need to be considered and acted upon with greater purpose if Member States are to realize the potential of a largely overlooked and untapped human, social and economic resource, namely, older persons.

[35] Equinet, *Tackling Ageism and Discrimination: An Equinet Perspective in the context of the European Year for Active Ageing and Solidarity between Generations, 2012* (Brussels, Equinet, 2012). Equality bodies were established across the States members of the European Union to promote equality and combat discrimination in the areas covered by the European Union equal treatment directives.

63. Too often, public and policy concerns with regard to ageing are overly focused on the provision of benefits and their economic cost to society, with little or no attention given to how the majority of older persons can and should be enabled to continue to contribute to social and economic development. As has been discussed, these views are often rooted in ageist norms and assumptions that exclude older persons and undermine their independence. In several Member States, the ongoing financial and economic crisis has led to budgetary cutbacks in social spending that clearly pose a further threat to the inclusion and independence of older persons in the short term.

64. The social integration of older persons cannot be achieved unless they are able to express their opinions and make decisions about matters that affect their lives within their families, communities and nations.

Recommendations

65. **The General Assembly may wish to recommend that Member States:**

(a) **Promote and support initiatives to advance a positive public image of older persons and their multiple contributions to their families, communities and societies;**

(b) **Ensure that the principle of age equality is incorporated and upheld in all health policies and programmes and that their implementation is regularly monitored;**

(c) **Adopt and enforce guidelines that establish standards for the provision of long-term support and assistance to older persons;**

(d) **Promote and support initiatives to enhance the participation of older persons in the labour market;**

(e) **Introduce legislation to promote equality and non-discrimination on the basis of age in the provision of insurance and financial services;**

(f) **Involve older persons and their organizations in the formulation, implementation and monitoring of policies and programmes that affect them.**